

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/762696 FILING DATE 05 APR 2007  
APPLICANT(S) *Rautel*

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
/	/	/	/								
/	/	/	/								
/	/	/	/								
/	/	/	/								
/	/	/	/								
2	/	/	/								
2	/	/	/								
2	/	/	/								
C	/	/	/								
C	/	/	/								
C	/	/	/								
/	/	/	/								
/	/	/	/								
/	/	/	/								
2	8										
20											
TOTAL CLAIMS	20										
TOTAL IND.											
TOTAL DEP.											

(3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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